2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L03000003311

1. Entity Name SCRUBS OF KEY WEST, LLC



FILED Jan 31, 2006 08:00 AM **Secretary of State**

Principal Place of Business

87899 OVERSEAS HIGHWAY ISLAMORADA, FL 33036

Mailing Address

P.O. BOX 9720 TAVERNIER, FL 33070



DO NOT WRITE IN THIS SPACE

01202006 No Chg-LLC CR2E083 (11/05) Applied For 4. FEI Number 06-1674951 Not Applicable \$5.00 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

BATTREALL, CATHY 87899 OVERSEAS HIGHWAY ISLAMORADA, FL 33036

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	e named entity submits this statement for the purpose of chations of registered agent.	anging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and acc
SIGNATURE.	Signature, typed or portled name of registered egent and title if epipticable	(NOTE Registered Agent signature required when reinstating)	DATE
	iling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEST, CLEVELAND D 87899 OVERSEAS HWY ISLAMORADA, FL 33036		
THILE NAME STREET ADDRESS CITY-ST-ZIP	SRVP BATREALL, CATHY 87899 OVERSEAS HWY ISLAMORADA, FL 33036		02/09/06-80032-009 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE		I IN	THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CATHY BATTREAU 1/26/06 305852439.